

ADMINISTRATIVE POLICY STATEMENT Ohio Medicaid	
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Policy Name & Number	Date Effective
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A. Subject

Continuity of care (COC) comprises a series of separate health care services so that care needs and preferences. To ensure that care is not disrupted, COC becomes a bridge. Newly enrolled members can continue to receive services by an out-of-network provider when an established relationship exists with that provider, and/or the member will be receiving services for which a prior authorization was received from another payer. Existing members may also utilize COC when a participating provider or acute care hospital terminates an agreement with CareSource. COC promotes safety and effective healthcare to transitioning members.

B. Definitions

- x **Acute Condition** ±A medical or behavioral health condition involving a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and has a limited duration.
- x **Continuity of Care** ±A process for assuring that care is delivered seamlessly across a multitude of delivery sites and transitions in care throughout the course of the disease process (National Committee for Quality Assurance, NCQA).
- x **Chronic Condition** ±A medical or behavioral health condition due to a disease, illness, or other medical problem that is complex in nature and persists without cure, worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.
- x **Managed Care Organization (MCO)** ±A health insuring corporation licensed in the state of Ohio that enters into a managed care provider agreement with Ohio Department of Medicaid (ODM).
- x **Primary Care Provider (PCP)** ±An individual physician, physician group practice, advanced practice nurse (APN), APN group practice, or physician assistant trained in family/general practice, internal medicine, pediatrics, or obstetrics/gynecology who are responsible for providing and coordinating all covered services for network benefits.
- x **Participating or Network Provider** ±Any provider, group of providers, or entity that has a network provider contract with CareSource in accordance with Ohio Administrative Code (OAC) 5160-26-05 and receives medicaid funding directly or

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- x **Postpartum Period** ±The maximum permitted period of coverage as described in 42 U.S.C. § 1396a(e).
- x **Terminal Illness** ±A 6-month or less life expectancy if the illness runs a normal course.
- x **Transition of Care** ±A set of actions designed to ensure coordination and continuity of care as patients transfer between different locations or different levels of care within the same location.

C. Policy

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- C. Newly enrolled member is or will be receiving services for which a prior authorization (PA) was received from another payer prior to the transition. CareSource will honor PA through its expiration, regardless of whether the authorized or treatment provider is in or out-of-network, but will conduct a

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- b. Once the hospital has been notified of the above, CareSource will deny the PA and issue a Notice of Action (NOA) indicating responsibility of OhioRise to pay for the service.
- c. CareSource will contact OhioRISE Transition of Care Coordinator, provide notice of the PA request and contact information for the hospital, ensure entry of the psychiatric or SUD admission in the CANS IT system, and share any documentation related to the request by the hospital.
- 2. If the primary diagnosis on the PA request initially indicated that OhioRISE authorized the service and would be responsible for the claim, and later changes in care delivery result in the APR-DRG becoming the responsibility of CareSource per the OhioRISE Mixed Services Protocol, CareSource will accept the PA approval issued and will not require any additional PA request from the provider.

B. Continuation of Behavioral Health (BH) Services for OhioRise Members Transitioning to CareSource

CareSource will allow a member who was receiving BH services from OhioRISE to continue to receive those BH services with out-of-network providers if the provider is an ODM-enrolled provider, even if the services were prior authorized by OhioRISE IRU DW OHDVW FDOHQGDU GD\ V IURP WKH GDV transition out of OhioRISE or until CareSource can transition services to a network provider. CareSource will

- 1. work with the provider to add the provider to the CareSource network
- 2. implement a single case agreement with the provider, if necessary
- 3. assist the member in finding and transitioning service delivery to another provider without a disruption in services

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D. Conditions of Coverage

N/A

E. Related Policies/Rules

I.

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